

# Start Smart

January - February 2015

The National Alliance for Youth Sports and Harford County Department of Parks and Recreation present Start Smart - an instructional program that helps parents work one-on-one with their children while teaching them a variety of skills. The program focuses on teaching children and their parents basic sport mechanics without the threat of competition or the fear of getting hurt. This program promotes Fun, Family and Friends. Come out and enjoy time with your child.



**Soccer**  
**Ages 3-5**  
**Fee - \$40.00**

**Day: Thursdays**

**Time: 10:00-11:00am**

**Dates: January 15 – February 19, 2015**

**Location: Forest Hill/Hickory Activities Center**  
**2213 Commerce Road**  
**Forest Hill, MD 21050**



**Basketball**  
**Ages 3-5**  
**Fee - \$40.00**

**Day: Thursdays**

**Time: 1:30-2:30pm**

**Dates: January 15 – February 19, 2015**

**Location: Emmorton Recreation & Tennis Center**  
**2213 Old Emmorton Road**  
**Bel Air, MD 21015**

**A Mandatory Parent Orientation Meeting, for first time parents, will be held on**  
**Thursday, January 8 at 1:30pm.**

**LOCATION: Emmorton Recreation and Tennis Center**  
**2213 Old Emmorton Road, Bel Air, MD 21015**  
**NAYS Chapter #3690**

## REGISTRATION FORM

Check Program(s): ☐ Soccer ☐ Basketball

CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FEE ENCLOSED (\$40 per program) \$ \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADULT THAT WILL BE PARTICIPATING WITH CHILD: \_\_\_\_\_

ANY MEDICAL PROBLEMS? \_\_\_\_\_

I give my permission for photos to be taken of my child for publicity purposes: ☐ YES ☐ NO

*I agree that I will not hold the coaches, program, Churchville Recreation Council or Harford County, Maryland, a politic of the State of Maryland, responsible for injuries received while participating in this program. I also understand that information on YOUTH SPORTS CONCUSSION AND HEAD INJURIES is available at [www.cdc.gov/concussioninyouthsports](http://www.cdc.gov/concussioninyouthsports) or at 1-800-232-4636. I hereby approve of the terms of the contract signed by myself.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NO REFUNDS UNLESS CLASS IS CANCELED – MAKE CHECKS PAYABLE TO: **CHURCHVILLE RECREATION COUNCIL** – PLEASE RETURN  
REGISTRATION FORM TO: CHURCHVILLE PARKS & RECREATION, 111 GLENVILLE ROAD, CHURCHVILLE, MD 21028 - 410-638-3853